

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18059 ✓

State File No. _____

LED MAY 27 1943

Registration District No. 154Primary Registration District No. 5575Registrar's No. 32

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7934 Garfield Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 22 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mr. John Albert Marcason, Sr.3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married. Married
6. (b) Name of husband or wife Mrs. Helga Marcason 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 14 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>1</u>	<u>24</u>	_____ hr. _____ min.

9. Birthplace North Vale New Jersey
(City, town, or county) (State or foreign country)10. Usual occupation Auto Spring Mfg. Business11. Industry or business General Springs Company12. Name Benito Marcason13. Birthplace Italy 5
(City, town, or county) (State or foreign country)14. Maiden name _____
15. Birthplace Italy 5
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Helga Marcason(b) Address 7934 Garfield Avenue17. (a) Burial (b) Date thereof May 10, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Forest Hill Cemetery18. (a) Signature of funeral director O. H. Newcomer's Sons(b) Address 1401 Brush Creek Blvd.19. (a) 5/12/43 (b) Dr. Lindsey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 7934 Garfield Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th
year 1943 hour 2 minute 15 A. M.21. I hereby certify that I attended the deceased from Nov 14, 1942
to Mar 10, 1943
that I last saw him alive on Mar 10, 1943
and that death occurred on the date and hour stated above.Immediate cause of death Thrombosis Duration _____Due to Carcinoma ✓

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations Carcinoma

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury 023. Signature F. H. Hodgson (M. D. or other) MD
Address 200 Plaza Mel Bldg Date signed 5/2/43

Dr. Annie B. Hodgson (Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

100-8-31-1
KSDS
no signature
call to
0024

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed C. Hervey Quisenberry
Licensed Embalmer No. 4070
P. O. Address PC Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. June Cr.
Registrar's No. 52

Registration District No. 154

Primary Registration District No. 5575

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town J. C. (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 22 yrs (years, months or days)

3. (a) PRINT FULL NAME John Albert Marcason Sr.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar. 14 - 1888
(Month) (Day) (Year)

8. AGE: Years 55 Months _____ Days _____ If less than one day _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 8
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Remarriage

Due to Carcinoma ✓

Due to of penis & local metastases

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Carcinoma ✓

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature F. H. Hodgson (M. D. or other) M.D.

Address 800 Plaza Med City Date signed 5/8/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

S-19059